Vancouver Island Health Authority

2012/13 – 2014/15 SERVICE PLAN

2012

For more information on the
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Message from the Board Chair and Accountability Statement

On behalf of the Board of Directors of the Vancouver Island Health Authority (VIHA), I am pleased to submit our *2012/13 – 2014/15 Service Plan* which is aligned with our broader Five-Year Strategic Plan. Both plans are "living documents" which allows us to be adaptive to the changing needs of our communities while remaining accountable and transparent to the public. The plans support our continued commitment to providing high quality services that are accessible and sustainable to the region's residents in a thoughtful, responsive manner.

As Board Chair, I am constantly impressed with the hard work and dedication our staff and physicians demonstrate on a daily basis. Thanks to their commitment, VIHA achieved a number of significant milestones over the past year including approval to construct three key projects (a new hospital in each of the Comox Valley and Campbell River as well as the innovative Oceanside Health Centre). In addition, work continues on the new Emergency Department at Nanaimo Regional General Hospital (NRGH). As part of VIHA's ongoing strategy to better coordinate the care of our residents and clients, both the Oceanside and NRGH projects will provide a strong link to primary care services and will incorporate a VIHA-wide electronic health record.

Our health region faces a growing and a dramatically aging population, more so than any other in the province. Beyond the impact on services, we also face looming staff shortages with an aging workforce. That is why VIHA is planning now to ensure we continue to provide high quality health services to the population we serve into the future. Our continued focus on quality improvement ensures all areas of our health system work together to provide patients with the care they need. This includes:

- Improving the health of our residents and high needs populations through community partnerships and client-centred delivery models;
- Focusing on clinical best practices, including: improving infection prevention and control, and medication safety;
- Implementing strategies to improve patient access to services;
- Continued application of lean design processes to improve efficiency and effectiveness;
- Improving staff engagement, safety, and work life balance; and
- Strengthening physician partnerships as well as improving credentialing processes;

The *2012/13 - 2014/15 Vancouver Island Health Authority Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act* and the British Columbia Reporting Principles. The Service Plan is consistent with Government's strategic priorities and Strategic Plan, and the Ministry of Health's goals, objectives and strategies. The Board is accountable for the contents of the Plan.

Achieving better health outcomes for all VIHA residents is the priority for our Board. We will continue to seek innovative solutions to provide sustainable and accessible quality healthcare to the region.

Sincerely,

Don Hubbard
VIHA Board Chair
June 13th, 2012

Table of Contents

Organizational Overview

The Vancouver Island Health Authority (VIHA) is one of five regional health authorities established by the province of British Columbia under the *Health Authorities Act 2001*. VIHA provides health services to over 774,000 people across a widely varied geographic area of approximately 56,000 square kilometres. This area includes Vancouver Island, the Gulf and Discovery Islands and part of the mainland opposite northern Vancouver Island. An important part of our mandate is to serve the many remote and isolated communities in our region accessible only by water or air.

Population We Serve

VIHA's population represents approximately 17 per cent of the entire population of British Columbia. Approximately half our population lives in the Victoria and Gulf Islands area. By 2018, our population is projected to grow by more than 7 per cent, or approximately 56,000 people. The most significant growth is expected in Sooke, Qualicum, Nanaimo, Courtenay and the Gulf Islands. Not only is our population growing, but it is aging as well. Currently, almost 19 per cent of our population is over the age of 64 (compared to 15 per cent for British Columbia) and this age group is expected to increase by 30 per cent over the next 20 years[1].

Services We Provide

We provide a full range of dynamic and progressive health programs and services: public and environmental health, maternal and family health, home care and supports, primary health care, residential care, hospital care, mental health and substance use services, rehabilitation, and end-of-life care. We are able to meet virtually all health needs of people who live on Vancouver Island; only rarely must people seek services outside of VIHA for highly specialized needs.

VIHA has...

- ***~1,800 physicians***
- ***~18,000 staff***
- ***Over 150 facilities***
- ***~1,500 acute care & rehab beds***
- ***~ 6,300 residential care beds & assisted living units***

Governance and Leadership

A nine-member, government-appointed Board of Directors (the Board) governs VIHA. The Board's primary responsibility is to foster the Health Authority's short and long-term success, consistent with the Board's responsibility to the Government and the stakeholders the Health Authority serves. More information on the role of the Board is available at http://www.viha.ca/about_viha/board_of_directors/.

Working with the Board, and headed by our President and Chief Executive Officer (CEO), the Executive team provides leadership in planning, delivering and evaluating health services in VIHA in collaboration with the Government. The VIHA Board and Executive team are responsible for meeting the health needs of the population in an effective and sustainable manner. Under their leadership, we have an Integrated Health Services Model with five clinical portfolios, each co-led by an Executive Medical Director and an Executive Director who have joint responsibility for the delivery of programs and services. These services are supported by a number of corporate services such as quality and patient safety, capital, finance, planning and human resources (See http://www.viha.ca/about_viha/organization).

[1] PEOPLE 36 Population Data, BC STATS

Strategic Context

The health system in British Columbia is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the British Columbia health system effectively meets the majority of the population's health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of demand are the aging population; a rising burden of illness from chronic diseases, mental illness and cancer; and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of British Columbia.

British Columbia also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in British Columbia continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other British Columbia residents. Government is working with First Nations, Metis and other partners to improve Aboriginal people's health and to close this gap in health status.

The Aging Population

British Columbia's senior population currently makes up 15 per cent of the total population and is expected to nearly double within the next 20 years, making it one of the fastest growing senior's populations in Canada.[2] The proportion within VIHA's catchment area is higher than the provincial average at just over 19 per cent. Roughly 3 per cent of our region's population is over the age of 84 and the number of people in this age cohort is growing, especially in the Nanaimo, Parksville/ Qualicum, and Courtenay areas[3]. The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2006/07 people over age 65 made up 14 per cent of the British Columbia population, but used 33 per cent of physician services, 48 per cent of acute care services, 49 per cent of PharmaCare expenditures, 74 per cent of home and community care services and 93 per cent of residential care services.[4] There is also an increasing need to provide appropriate care for those with frailty or dementia and to help seniors stay healthy, independent and in the community for as long as possible.

[2] PEOPLE 35 Population Data, BC STATS

[3] PEOPLE 36 Population Data, BC STATS

[4] Planning and Innovation Division, Ministry of Health; using MSP Expenditures 2006/07; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2006/07; HCC community services by age group 2005/06, summed based on average unit costs; Residential care days 2006/07.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic conditions represent approximately 38 per cent of the British Columbia population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.[5] Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58 per cent over the next 25 years[6], becoming an even more significant driver of demand for health services. Chronic diseases can be prevented or delayed by addressing key risk factors, including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

Advances in Technology and Pharmaceuticals

New treatments and technology development over the past decade include less invasive surgery, increased use of diagnostic imaging and the introduction of drug therapies that have made health care more efficient and effective. However, they have also led to a significant increase in demand for products and services. For example, the expansion of technology has seen the provincial number of CT exams increase by approximately 120 per cent and the number of MRI exams by almost 249 per cent between 2001/02 and 2011/12.[7] VIHA is also actively developing an electronic health record which will coordinate care across facilities and providers to increase the quality, efficiency and experience of patients and clients.

Human Resources and Health System Infrastructure

Although attrition rates have decreased recently, looming retirements in the health workforce combined with the rising demand for services are still key challenges that will impact the Province's ability to maintain an adequate supply and mix of health professionals and workers. It is still important to plan and ensure that the health system has the required number of qualified healthcare providers entering the workforce. However, there is also need to continue focusing on redesigning care delivery models so that the skill sets of health care professionals are optimized and multidisciplinary teams supported. Healthy, supportive workplaces that enhance work and promote education will attract and retain the workforce we need to provide high quality services.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The average age of VIHA facilities across the island is approximately 30 years. Substantial improvements occurred recently within our region with the opening of the new Patient Care Centre at Royal Jubilee Hospital, the expansion of the Cowichan District Hospital pharmacy, and renovations to Tofino General Hospital which improved patient care and the staff working environment. However, other acute and residential care facilities, as well as medical and information technologies, will require significant investment over the next number of years. VIHA is moving forward with a number of important projects in this area.

The health system is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.

[5] Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

[6] British Columbia Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, march 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health

[7] HAMIS/OASIS, Management Information Branch, Planning and Innovation Division, Ministry of Health as of October 12, 2010

Goals, Objectives, Strategies and Performance Measures

Goal 1: Improved health for Island residents through strong partnerships.

Objective 1.1: Work with community partners and stakeholders to improve the health and wellness of our population by focusing on the most vulnerable residents (seniors, persons with mental and/or chronic illness, Aboriginal peoples and youth).

Objective 1.2: Engage our residents, staff and healthcare partners to achieve better health outcomes.

Strategies

- Implement targeted healthy living and disease prevention initiatives to address the needs of high risk populations.
- Continue to develop partnerships with all communities to improve the health of residents by addressing the broad determinants of health. Focus will be on vulnerable populations (e.g., seniors, people with mental and/or chronic illness, Aboriginal people and youth.
- Develop a client centered model for delivering services to a geographic population to best meet its needs with physician partnerships. This will include a focus on better coordinating and managing the care a client receives using an inter-disciplinary team approach and optimizing technology.
- Collaborate with Aboriginal partners to develop and implement annual plans to support health needs as identified by the VIHA Aboriginal Health Plan.
- Develop and introduce a more effective and evidence-based case management approach for patients and clients with persistent mental illness with the aim of reducing acute hospital admissions, enabling them to be safely be cared for and supported in a community setting.
- Continue to review current assessment, care and service options for seniors on Vancouver Island to ensure that services provided are the most effective and responsive for patients and clients in hospital and community settings. A key focus area is the advancement of the residential care bed plan, including dementia care.

Performance Measure 1: Sodium Reduction

Performance Measure	2011/12 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Average sodium content in adult hospital diets	3650 mg	3300 mg	2900 mg	2500 mg

Data Source: Population and Public Health Division, Ministry of Health

Discussion

This performance measure focuses on the average sodium content of the general/regular diets for adults within health authority owned and/or operated hospital and residential care facilities. Medical evidence links high sodium intake to elevated blood pressure, which is the leading preventable risk factor for death worldwide. High blood pressure is the major cause of cardiovascular disease and a risk factor for stroke and kidney disease. There is also evidence to suggest that a diet high in sodium is a risk factor for osteoporosis, stomach cancer and asthma. According to the World Health Organization, interventions to reduce population-wide salt intake have been shown repeatedly to be highly cost-effective. [1]

The Sodium Reduction Strategy for Canada recommends that publicly funded institutions follow consistent guidelines related to sodium levels in foods to ensure public funds are not contributing to the burden of disease. [1] Sodium guidelines have the potential to drive system change within the food industry and create a demand for lower sodium food items. British Columbia has seen the food industry reformulate food items in response to the trans fat regulation and the implementation of the Guidelines for Food and Beverage Sales in British Columbia Schools.

Health authorities are required to reduce the average sodium content of the general/regular diet for adults to the population goal of an average intake of 2300 mg of sodium per day by 2016.

Performance Measure 2: Health of Aboriginal Children

Performance Measure	2009/10 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Percent of Aboriginal Kindergarten children receiving vision screening	88%	89%	91%	93%

Data Source: Population and Public Health Division, Ministry of Health

Discussion

This performance measure supports Aboriginal children's access to vision screening. Vision deficits such as amblyopia (lazy eye), strabismus (crossed eyes), and refractive errors (nearsightedness and farsightedness) are common problems in the preschool and school age population. Early detection and treatment of these deficits, particularly in children of vulnerable families, will lessen the possibility of any damaging long-term effects and may have a direct impact on each child's opportunity for academic success and learning potential.

[1] From Sodium Reduction Strategy for Canada at http://www.hc-sc.gc.ca/fn-an/nutrition/sodium/strateg/index-eng.php#a21

Goal 2: High quality client and patient centered care based on a culture of safety and excellence.

Objective 2.1: Provide quality health care guided by best practice and evidence.

Objective 2.2: Ensure the safety of clients and staff at all times.

Objective 2.3: Improve access to our health care services to ensure timely and appropriate care.

Strategies

- Implement evidence-based clinical best practices in eleven priority areas as identified by the Ministry of Health and expand the use of evidence to develop, implement and monitor use of guidelines to improve practice and to inform the next generation electronic health record.
- Continued implementation of the Next Generation Electronic Health Record (EHR) plan with a focus on ambulatory care and physician offices.
- Develop and approve a Quality Plan which includes strengthening governance structure for quality, optimizing Quality Councils to monitor performance and quality, and expand quality capacity throughout VIHA.
- Develop a medication safety strategy which includes implementing unit dose packaging and bar-code labelling using the concept of a "hub and spoke" for all acute and residential care sites.
- Reduce the spread of infectious disease through hand hygiene and antimicrobial stewardship programs.
- Introduce a significant shift in health care thinking, which assumes that most seniors who enter a hospital from home can and will ultimately return to their home with appropriate supports. This will involve significant improvements in the continuity of care, patient flow and care transitions.

Performance Measure 3: Managing Chronic Disease in the Community

Performance Measure	2009/10 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Number of people under 75 years with a chronic disease admitted to hospital (per 100,000 people)	235	220	210	201

Data Source: Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health
Note: The 2009/10 baseline has been restated from 222 to 235, according to the new methodology of the Canadian Institute for Health Information, which determines the calculation of this rate nationally. The new methodology includes more people with diabetes.

Discussion

This performance measure tracks the number of people with selected chronic diseases, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic diseases need the expertise and support of family doctors and other health care providers to manage their disease in the community in order to maintain their functioning and reduce complications that will require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which help to control the costs of health care. As part of

a larger initiative of strengthening community-based health care and support services, family doctors, home health care providers and other health care professionals are working to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible.

Performance Measure 4: Home Health Care and Support for Seniors

Performance Measure	2009/10 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Percent of people aged 75+ receiving home health care and support	16.8%	17.2%	17.4%	17.6%

Data Source: P.E.O.P.L.E. 35, population estimates, BC Stats 2. Continuing Care Data Warehouse, Management Information Branch, Planning and Innovation Division, Ministry of Health. A small amount of baseline data is currently unavailable due to the transition to new reporting mechanisms. 3. Home and community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Management information Branch, Planning and Innovation Division, Ministry of Health.

Note: The data for this measure may be restated at a later time when the new data reporting system is fully implemented. Targets may be revised accordingly.

Discussion

This performance measure tracks the percent of seniors (aged 75+ years) who receive home health care such as home nursing and rehabilitative care, clinical social work, light housekeeping, assisted living and adult day programs. While the majority of seniors experience healthy aging at home, there is growing need for community care options to support those who can no longer live independently. This support helps people manage chronic disease and frailty, and may prevent falls or other incidents that can potentially result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health care and support services, the health authorities are expanding home health care services and ensuring that high risk seniors are made a priority in the provision of care. This focus, combined with the use of technology, can significantly improve health outcomes for seniors.

Goal 3: A healthy, caring and engaged workforce supported by collaborative practice and strong leadership.

Objective 3.1: Develop leaders who are visionary and who can facilitate critical health system change.

Objective 3.2: Improve collaboration and support team work to ensure excellent service delivery.

Strategies

- Develop evaluation capacity for major projects. This will include retrospective analysis of our system-wide initiatives to determine the lessons we can carry forward, as well as a prospective evaluation of the integrated care model at the newly-approved Oceanside Health Centre.
- Continue to improve existing issues with staff scheduling and payroll that are negatively impacting staff satisfaction.
- Continue to focus on a safe workplace for staff with an emphasis on violence prevention and psychological safety.
- Continue to develop and implement a strategy that enables consistent, island-wide physician credentialing.

Performance Measure 5: Nursing Overtime

Performance Measure	2010/11 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Nursing overtime hours as a percent of productive nursing hours	3.5% (2010 calendar year)	No more than 3.5	No more than 3.4	No more than 3.3

Data Source: Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses work. Overtime is a key indicator to assess the overall health of a workplace. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct (e.g. labour) and indirect (e.g. unengaged staff) costs to the health system, it also helps promote both patient and caregiver safety.

Goal 4: Affordable health care that is sustainable through sound fiscal management and enhanced performance.

Objective 4.1: Ensure that our health services are delivered efficiently and effectively.

Objective 4.2: Employ sound fiscal management and strategic planning to ensure the best use of resources.

Strategies

- Continue to advance Lean methodology throughout the health authority in priority areas.
- Leverage HSSBC to find opportunities to further our collaborative relationships, including participation in the new provincial consolidation committee.
- Continue to manage the operating budget carefully and optimize funding potential through activity-based funding.
- Demographic and service analyses and forecasting to refresh *Strategic Plan 2013-18* for a fall 2013 consultation.

Performance Measure 6: Access to Surgery

Performance Measure	2011/12 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Percent of non-emergency surgeries completed within the benchmark wait time	69%	72%	79%	85%

Data Source: Surgical Wait Times Production (SWTP), Management Information Branch, Planning and Innovation Division, Ministry of Health. Notes:
1. The total wait time is the difference between the date the booking form is received at the hospital and the report date (end of the month). The day the booking form is received at the hospital is NOT counted.
2. This measure uses adjusted wait times that are calculated by excluding periods when the patient is unavailable, from the total wait time.

Discussion

In the last several years, British Columbia's health system has successfully reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. Expanded surgical activity and patient-focused funding, combined with continuous effort to foster innovation and efficiency in British Columbia's hospitals, will improve the timeliness of patients' access to an expanding range of surgical procedures. This performance measure will track whether non-emergency surgeries are completed within established benchmark wait times. These benchmark wait times are new and give a priority rating for each surgical patient, based on individual need. Because of the need to 'catch up' on surgeries for patients without a priority rating who have already been waiting, surgery for some patients with the new priority rating may be delayed. The target for 2012/13 will allow for this 'catch up' period, after which wait times for patients with priority ratings should gradually decrease.

Financial Summary

($ millions)	2011/12 Actual[1]	2012/13 Budget	2013/14 Plan	2014/15 Plan
Operating Summary				
Provincial government sources	1,820.8	1,864.8	1,937.2	1,964.0
Non-provincial government sources	126.1	112.8	113.0	113.5
Total Revenue	**1,946.9**	**1,977.6**	**2,050.2**	**2,077.5**
Acute Care	1,047.8	1,063.4	1,099.2	1,105.3
Residential Care	340.0	341.0	349.0	354.3
Community Care	213.9	226.6	236.2	245.5
Mental Health & Substance Abuse	142.5	141.5	150.2	154.2
Population Health & Wellness	54.3	56.2	60.9	60.9
Corporate	142.6	148.9	154.7	157.3
Total Expenditures[2]	**1,941.1**	**1,977.6**	**2,050.2**	**2,077.5**
Surplus (Deficit)	**5.8**	-	-	-

($ millions)	2011/12 Actual	2012/13 Budget	2013/14 Plan	2014/15 Plan
Capital Summary				
Funded by Provincial Government	45.9	39.6	14.7	12.3
Funded by Foundations, Regional Hospital Districts, and other non-government sources	42.6	84.4	20.7	22.6
Total Capital Spending	88.5	124.0	35.4	34.9

Note 1: 2011/12 total revenue and expenditures are per audited financial statements.
Note 2: Health authorities are implementing Public Sector Accounting standards for the 2012/13 fiscal year and have made adjustments to sector expenditure reporting to improve consistency, transparency and comparability. Expenditures for 2011/12 have been adjusted accordingly.

Capital Project Summary

Capital investment ensures health infrastructure is maintained and expanded to meet a growing population with increasing needs for health services. Capital assets such as buildings, information systems and equipment are key components of health care delivery and must be acquired and managed in the most effective and efficient manner possible. Funding for these assets is primarily provided through the Provincial government and through partnerships with Regional Hospital Districts, Hospital Foundations and Auxiliaries. Recognizing the significant cost and lifespan of most capital investments — both in acquisition and use — the Ministry of Health and health authorities prepare three year capital plans annually, aligned with other health sector planning.

VIHA bases the development of its Capital and Information Management/Information Technology (IM/IT) Plans on the following principles:

- Capital investments must support the strategic direction of the organization;
- Investments must be backed by a rigorous examination of service delivery options and a thorough business case analysis;
- Our use of existing infrastructure must be maximized and non-capital alternatives must be explored before new investment; and
- Our spending on capital assets must be managed within fiscal limits.

The following list is VIHA's approved capital projects over $2 million currently underway:

Community Name	Facility location	Project Name	Total Project Cost ($ million)
Facility Projects			
Campbell River/Comox Valley	Campbell River and District General Hospital and Comox Valley Hospital	North Island Hospitals Project	600.000
Parksville	Parksville	Oceanside Health Centre	15.795
Nanaimo	Nanaimo Regional General Hospital	Emergency Department/ Psychiatric Emergency Service/Psychiatric Intensive Care Expansion	36.850
North Cowichan	Cowichan Lodge	Riverview Redevelopment Upgrade	9.000
Victoria	Royal Jubilee Hospital	Patient Care Centre (P3 & Traditional)*	348.535
Victoria	Seven Oaks	Riverview Redevelopment Upgrade	2.000
Victoria	Saanich Peninsula Hospital	Operating Room and Electrical System Redevelopment	9.936
Equipment Projects			
Various	Campbell River, St. Josephs, West Coast and Cowichan District Hospitals	Mobile Magnetic Resonance Imaging Equipment and Trailer Pads	2.920
IM/IT Projects			
Ambulatory Clinical Systems Foundation			3.392
Business Systems Foundation			6.706
Clinical Documentation, Communication and Care Planning			10.842
TeleHealth			2.516

*Includes demolition of outdated buildings.

Contact Information

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VIHA BOARD OF DIRECTORS

Board Liaison:
Janet Shute - Email: janet.shute@viha.ca

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DEPARTMENTS AND SERVICES http://www.viha.ca/about_viha/departments_and_services/

OTHER CONTACTS

HEALTHLINK BC http://www.healthlinkbc.ca/kbaltindex.asp or dial 8-1-1 to look up non-emergency health information and find publicly funded health services near you.

COLLEGE OF PHYSICIANS AND SURGEONS to find a physician https://www.cpsbc.ca/

BRITISH COLUMBIA MINISTRY OF HEALTH http://www.gov.bc.ca/health/index.html

BRITISH COLUMBIA HEALTH AND SENIORS INFORMATION LINE 1-800-465-4911

MEDICAL SERVICES PLAN OF BRITISH COLUMBIA 1-800-663-7100

PHARMACARE 1-800-663-7100

OTHER HEALTH AUTHORITIES

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INTERIOR HEALTH AUTHORITY www.interiorhealth.ca

NORTHERN HEALTH AUTHORITY www.northernhealth.ca

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